SDMS DociD

224115

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

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VIII. Type of Regulated Waste Activity (Mar	k 'X' in the appropriate boxes; Refer to inst	ructions)
A. Hazardous Wa	ste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions)    a. Greater than 1000kg/mo (2,200 lbs.)   b. 100 to 1000 kg/mo (200-2,200 lbs.)   c. Less than 100 kg/mo (220 lbs.)   2. Transporter (Indicate Mode in boxes 1-5 below)   a. For own wasts only   b. For commercial purposes    Mode of Transportation   1. Air   2. Rall	1. Utility Boller   2. Industrial Boller   3. Industrial Furnace   5. Underground injection Control	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2 Used Oil Burner - Indicate Type(s) of Combustion Device(s)  a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) a. Process b. Re-refine
A. Characteristics of Nonlisted Hazardous		nding to the characteristics of
nonlisted hazardous wastes your installation  1. Ignitable 2. Corrosive 3. Reactive 4. To: (Doct) (Doct) (Doct) (Doct)  Character (Doct) (Doct) (Doct)	handles; See 40 CFR Parts 261.20 - 261.24,  slefty arecteristic (List specific EPA hazardous waste no	ember(e) for the Toxicity characteristic contaminant(e))
B. Listed Hazardous Wastes. (See 40 CFR 2	61.31 - 33; See instructions if you need to li	st more than 12 waste codes.)
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C. Other Wastes. (State or other wastes requi	ring a handler to have an I.D. number; See	
1   2	3 4 1	5   8   1   1
X. Certification		
I certify under penalty of law that this document system designed to assure that qualified personner persons who manage the system, or those penbest of my knowledge and belief, true, accurate, a including the possibility of fine and imprisonme	al property gather and evaluate the informations alone directly responsible for gathering the in additional field and complete. I am aware that there are significations.	formation, the information submitted is, to the
Signature	Name and Official Title (Type or pri	nt) Date Signed
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Note: Mail completed form to the appropriate EP	A Regional or State Office. (See Section III )	of the booklet for addresses.)

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